



03-22-06

PATENT
Attorney Docket No.: 128402

AF
JPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hsieh et al.
Serial No.: 10/065,689
Filed: November 8, 2002
For: METHOD AND APPARATUS
FOR DETECTING
STRUCTURAL, PERFUSION
AND FUNCTIONAL
ABNORMALITIES
Group No.: 3737
Examiner: Roy, Baisakhi

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
Amendment Transmittal which includes Certificate of Express Mail (3 pgs.) NO FEE
Amendment in response to Office Action dated February 14, 2006 and made final (27
pgs.)
Return Postcard


STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No. EV734455291US
Date: March 20, 2006

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


William J. Zychlewicz, Reg. No. 51,366

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|--------------------------------|-----------------------------|----------------------------------|
| _____ first month | \$ 120.00 | \$ 60.00 |
| _____ second month | \$ 450.00 | \$ 225.00 |
| _____ third month | \$ 1,020.00 | \$ 510.00 |
| _____ fourth month | \$1,590.00 | \$ 795.00 |
| _____ fifth month | \$2,160.00 | \$1,080.00 |

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OTHER THAN SMALL ENTITY |
|---|---|-------|---------------------------------------|------------------|----------------------------|----|----------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL RATE FEE | OR | ADDITIONAL RATE FEE |
| TOTAL INDEP. | | MINUS | | = | x \$25.00 = \$ | | x \$50.00 = \$ |
| | | MINUS | | = | x \$100.00 = \$ | | x \$200.00 = \$ |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$180.00 = \$ | | + \$360.00 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$ |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

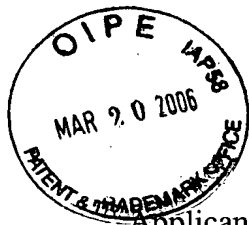
6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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For: METHOD AND APPARATUS FOR
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Art Unit: 3737
Examiner: Roy, Baisakhi

AMENDMENT

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated February 14, 2006 and made final, please
amend the above-identified application as follows: